

PEORIA UNIFIED SCHOOL DISTRICT #11 OPEN ENROLLMENT APPLICATION FORM

Family resides (please check one): ☐ In the Peoria Unified School District ☐ Outside the Peoria Unified School District ☐ Current PUSD student (Change of address)	
Only completed and accurate applications will be accepted. Application should be made directly to school of choice.	
STUDENT'S LEGAL FIRST AND LAST NAME(S) STUDENT'S DA	TE OF BIRTH PARENT/GUARDIAN LEGAL NAME
HOME ADDRESS CITY/ ZIP CODE	
PARENT/GUARDIAN BEST PHONE NUMBER PARENT/GUARDIAN ALTERNATE PHONE PARENT/GUARDIAN EMAIL ADDRESS	
WHICH SCHOOL ARE YOU APPLYING FOR OPEN ENROLLMENT TO FOR THE 2025-	26 school year? Open enrollment may be denied due to school, grade level, or special program capacity.
WHAT SCHOOL DOES YOUR CHILD CURRENTLY ATTEND?	IN 2025-26, WHAT SCHOOL SHOULD YOUR CHILD ATTEND BASED ON YOUR RESIDENCE?
IN 2025-26, WHAT DISTRICT SHOULD YOUR CHILD ATTEND BASED ON YOUR RESIDENCE?	WHAT GRADE WILL YOUR CHILD BE IN DURING THE 2025-26 SCHOOL YEAR?
HAS YOUR STUDENT EVER BEEN ENROLLED IN A PUSD SCHOOL? ☐ YES ☐ NO	IS YOUR CHILD CURRENTLY ON EXPULSION OR LONG-TERM SUSPENSION IN YOUR CURRENT SCHOOL OR DISTRICT? ☐ YES ☐ NO
IS YOUR CHILD ELIGIBLE FOR SPECIAL SERVICES? ☐ YES ☐ NO If yes, which category? ☐ ELL ☐ GIFTED ☐ 504 Plan ☐ Spec Ed/I.E.P. Other/Additional Information:	
PLEASE INDICATE THE GENERAL REASONS YOU ARE REQUESTING AN OPEN ENROLLMENT (CHECK ALL THAT APPLY):	
☐ SIGNATURE ACADEMIC PROGRAM/Name of program:	
☐ SPECIAL EDUCATION PROGRAM:	
☐ PEORIA DISTRICT EMPLOYEE – WORK LOCATION:	
☐ FAMILY MOVED BUT REQUESTING CONTINUED ENROLLMENT	
☐ SIBLING CURRENTLY ATTENDING SCHOOL of APPLICATION: Name of Sibling: Grade: Grade: Additional siblings and grades	
HIGH SCHOOL SPORTS/ATHLETICS (The Arizona Interscholastic Association regulates eligibility for high school athletes. A change in school attendance may impact a student's eligibility. Contact the school athletic director to determine your student's athletic eligibility.)	
HOW DID YOU LEARN ABOUT THE I	PEORIA UNIFIED SCHOOL DISTRICT?
☐ FRIEND/NEIGHBOR ☐ MEDIA ☐ WEBSITE	☐ ADVERTISEMENT ☐ REALTOR:
☐ DEPARTMENT OF EDUCATION ☐ ANNUAL REVIEW ☐ GREATSCHOOLS.O	RG □ SOCIAL MEDIA □ OTHER:
PARENT/GUARDIAN SIGNATURE REQUIRED PRIORITY DEADLINE IS DECEMBER 1. APPLICATIONS WILL BE APPROVED BASED ON PROJECTED ENROLLMENT CAPACITY. NOTE: All approved open enrollment transfers are reviewed annually. Continued enrollment is based upon compliance with all school regulations regarding conduct, academic progress, attendance and/or school capacity (see Policy JFB). An approved open enrollment may be revoked if a student fails to comply with all school regulations. Transportation is the responsibility of the parent. Student parking may not be available on high school campuses.	
Parent Signature:	Date:
Parent's/ Guardian's signature above affirms the information provided is accurate and complete.	
Approved \square Waitlist \square	Denied □
Principal's Signature:	Date: